

11-2623

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Group Art Unit 2623

In re

Patent Application of

Kenneth J. Ruchala, et. al.

Application No. 09/802,468

Confirmation No.: 5869

Filed: March 9, 2001

Examiner: Mehrdad Dastouri

"SYSTEM AND METHOD FOR FUSION-
ALIGNED REPROJECTION OF
INCOMPLETE DATA"

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I, Mary A. Hietpas, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on the date of my signature.

Mary A. Hietpas
Signature
June 30, 2005
Date of Signature

Enclosed for filing in the above-identified application is a "Revocation and Substitute Power of Attorney" directing that all future correspondence be directed as identified therein.

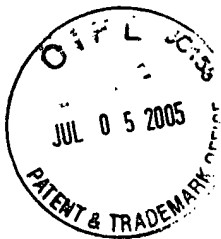
Respectfully submitted,

Julie A. Haut

Julie A. Haut
Reg. No. 51,789

File No. 013869-9001-00

Michael Best & Friedrich LLP
100 East Wisconsin Avenue
Suite 3300
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REVOCATION AND SUBSTITUTE POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

TomoTherapy, Inc. ("Assignee"), a Wisconsin corporation, being the owner of all right, title and interest in the above-identified patent application by virtue of an assignment recorded at Reel 012247, Frame 0076 hereby revokes all powers of attorney previously granted in connection with said patent application and hereby appoints the registered practitioners associated with the customer number identified below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Customer Number

23409

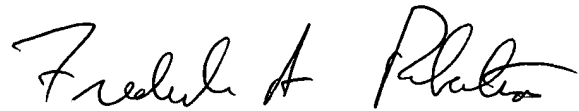
The undersigned hereby states that the evidentiary documents have been reviewed, and certifies that, to the best of Assignee's knowledge and belief, title is in Assignee and that the undersigned is an officer of Assignee and has authority to execute this document on behalf of Assignee.

Please send all further correspondence to **Customer Number 23409**. This customer number is assigned to:

Michael Best & Friedrich LLP
100 East Wisconsin Avenue
Suite 3300
Milwaukee, Wisconsin 53202-4108
Telephone: 414.271.6560

TOMOTHERAPY, INC.

Dated: 6-13-05

A handwritten signature in black ink, appearing to read "Frederick A. Robertson". The signature is written in a cursive style with a horizontal line underneath it.

Name: Frederick A. Robertson, M.D.
Title: CEO

File No.: 013869-9001